


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01612</b>					
1. Entity Name <b>THE GALLEON RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>617 FRONT STREET KEY WEST, FL 33040</b>			Mailing Address <b>617 FRONT STREET KEY WEST, FL 33040</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-2512207</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LETSCHERT, TRUDO 1510 S. TUTTLE AVE. SARASOTA, FL 34239</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASTENBROEK, HENK</b>		NAME	<b>UN00000121091 04/20/04-80036-001 61.25</b>	
STREET ADDRESS	<b>1510 S. TUTTLE AVE.</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>SARASOTA, FL</b>		CITY- ST- ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LETSCHERT, TRUDO</b>		NAME		
STREET ADDRESS	<b>1510 S TUTTLE AVENUE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>SARASOTA, FL</b>		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALL, RALPH</b>		NAME		
STREET ADDRESS	<b>RT 4 BOX 146E</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>SUMMERLAND KEY, FL</b>		CITY- ST- ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, ROY B</b>		NAME		
STREET ADDRESS	<b>1510 S TUTTLE AVENUE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>SARASOTA, FL</b>		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPRAGUE, MARY JANE</b>		NAME		
STREET ADDRESS	<b>6277 BARNSIDE DRIVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>CANAL WINCHESTER, OH</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	